FOND DU LAC LUTHERAN HOME
244 NORTH MACY STREET
FOND DU LAC 54935 Phone: (9
Operated from 1/1 To 12/31 Days of

Ownershi p: Nonprofit Church/Corporation Phone: (920) 921-9520 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Yes Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 150 Yes Total Licensed Bed Capacity (12/31/01): 150 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 145 Average Daily Census: 147 ******************** ***********************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	35. 9
Supp. Home Care-Personal Care	No					1 - 4 Years	44. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	2.8	More Than 4 Years	19. 3
Day Services	No	Mental Illness (Org./Psy)	20. 7	65 - 74	4. 1		
Respite Care	No	Mental Illness (Other)	2. 1	75 - 84	21.4	•	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	53.8	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 7	95 & 0ver	17. 9	Full-Time Equivale	nt
Congregate Meals	No	Cancer	4. 1	İ	j	Nursing Staff per 100 Re	
Home Delivered Meals	No	Fractures	12. 4		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	13. 1	65 & 0ver	97. 2		
Transportati on	No	Cerebrovascul ar	6. 2			RNs	5. 2
Referral Service	No	Di abetes	2. 8	Sex	% j	LPNs	6. 9
Other Services	Yes	Respiratory	3. 4		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	34. 5	Male	13. 1	Aides, & Orderlies	33. 3
Mentally Ill	No			Femal e	86. 9		
Provi de Day Programming for			100.0		j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay	:		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of s All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	1	1. 6	150	0	0. 0	0	0	0. 0	0	1	0. 7
Skilled Care	5	100. 0	289	73	92. 4	93	0	0.0	0	57	93. 4	131	0	0.0	0	0	0.0	0	135	93. 1
Intermedi ate				6	7. 6	78	0	0.0	0	3	4. 9	131	0	0.0	0	0	0.0	0	9	6. 2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0. 0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100. 0		79	100.0		0	0.0		61	100.0		0	0.0		0	0.0		145	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Conditio	ons, Services,	and Activities as of 1	2/31/01
beating builing kepoteting terrou		<u>'</u>		%	Needi ng		Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	9.4	Daily Living (ADL)	Independent	One O	r Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0. 7		81. 4	17. 9	145
Other Nursing Homes	12. 5	Dressing	6. 9		82. 8	10. 3	145
Acute Care Hospitals	62. 5	Transferring	31. 7		55. 2	13. 1	145
Psych. HospMR/DD Facilities	0.0	Toilet Use	23. 4		60. 7	15. 9	145
Rehabilitation Hospitals	0.0	Eating	62. 8		34. 5	2. 8	145
Other Locations	15.6	**************	******	*******	******	*******	******
Total Number of Admissions	96	Continence			Special Treatm		%
Percent Discharges To:		Indwelling Or Externa		4. 1		spi ratory Care	5. 5
Private Home/No Home Health	11. 1	0cc/Freq. Incontinent		44. 1	Recei vi ng Tra	acheostomy Care	0. 0
Private Home/With Home Health	10. 0	Occ/Freq. Incontinent	of Bowel	18. 6	Recei vi ng Su	cti oni ng	0. 0
Other Nursing Homes	3. 3				Receiving Os	tomy Care	0. 7
Acute Care Hospitals	10. 0	Mobility			Receiving Tu	be Feeding	0. 7
Psych. HospMR/DD Facilities	0.0	Physically Restrained		5. 5	Receiving Me	chanically Altered Diet	ts 12.4
Rehabilitation Hospitals	0.0						
Other Locations	2. 2	Skin Care			Other Resident	Characteri sti cs	
Deaths	63. 3	With Pressure Sores		4. 8	Have Advance	Di recti ves	73. 8
Total Number of Discharges		With Rashes		5. 5	Medi cati ons		
(Including Deaths)	90				Receiving Psy	ychoactive Drugs	55. 9

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

************************************* Ownershi p: Bed Size: Li censure: Nonprofit 100-199 Skilled Al l Thi s Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 98.0 92.7 1.06 84. 1 1.17 85.8 1. 14 84. 6 1. 16 Current Residents from In-County 86.9 74.5 1. 17 79.3 1. 10 69. 4 1. 25 77. 0 1. 13 Admissions from In-County, Still Residing 46.9 27.9 1.68 25. 5 1.84 23. 1 2.03 20.8 2. 25 Admissions/Average Daily Census 65.3 95. 2 0.69 110. 2 0.59 105.6 0.62 128. 9 0.51 Discharges/Average Daily Census 61.2 95. 2 0.64 110.6 0.55 105. 9 0.58 130.0 0.47 Discharges To Private Residence/Average Daily Census 12.9 31.4 0.41 41.2 0.31 38. 5 0.34 **52.8** 0.24 Residents Receiving Skilled Care 93.8 91.4 1.03 93.8 1.00 89.9 1.04 85. 3 1. 10 Residents Aged 65 and Older 97. 2 97.3 1.00 94. 1 1.03 93. 3 87. 5 1. 11 1.04 Title 19 (Medicaid) Funded Residents 54.5 64. 2 0.85 66. 9 0.81 69.9 0.78 68. 7 0.79 Private Pay Funded Residents 29.6 22. 2 22.0 42. 1 1.42 23. 1 1.82 1.89 1. 91 Developmentally Disabled Residents 0.0 0. 7 0.00 0.6 0.00 0.8 0.00 7. 6 0.00 Mentally Ill Residents 22.8 36.0 0.63 38. 7 0.59 38. 5 0.59 33. 8 0.67 General Medical Service Residents 34. 5 21.3 1.62 21. 8 1. 58 21. 2 1.62 19. 4 1.78 49.3 Impaired ADL (Mean) 49.0 0.89 48. 4 0.90 46. 4 0.94 0.88 43.4 Psychological Problems 55. 9 50. 2 1.11 51.9 1.08 52.6 1.06 51. 9 1. 08 Nursing Care Required (Mean) 0.51 3. 7 7. 5 0.49 7. 5 0.49 7.4 0. 50 7. 3